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UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF MISSISSIPPI

FILED

DEC 0 9 2008

DAVID CREWS, CLERK
By Dawne Best Company
Deputy

Courtney O. Hunt
Plaintiff

٧.

1.

CASE NO.

1:080V284-M-A

Lee County Sheriffs Department

PRISONER'S COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT

The Plaintiff's full legal name, the name under which the Plaintiff was sentenced, the Plaintiff's

inmate identification number, the Plainti are as follows:	iff's mailing address, and the Plaintiff's place of confinement
A. Legal name:	Courtney Orlandus Hunt
B. Name under which sentenced:	Courtney Orlandus Hunt
C. Inmate identification number:	13130
D. Plaintiff's mailing address (street or post office box number, city, state, ZIP	
post office box flathbor, dity, state, 21	Tupelo Mississippi 38801
E. Place of confinement:	Tupe to Lee County Adult Jail

2. Plaintiff names the following person(s) as the Defendant(s) in this civil action:

Name:

Title (Superintendent, Sheriff, etc.):

Defendant's mailing address (street or post office box number, city, state, ZIP)

Jim H. Johnson Sherift 510 North Commerce Street Tupelo Mississippi 38804

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	Name:	Tony C	arleton		
	Title (Superintendent, Sheriff, etc.):	Commissi	oner Of Correct	ion	
	Defendant's mailing address (street or	510 No	th Commerce 5	tree	<u> </u>
	post office. box number, city, state, ZIP)	Topolo	Mississippi 38	804	
	Name:	Docth	McDaniel		
	Title (Superintendent, Sheriff, etc.):	Head	Nurse		
	Defendant's mailing address (street or	510 No	th Commerce	Stree	+
	post office box number, city, state, ZIP)	Tupelo	Mississippi 3	880	4
	Name:	Regio	$o^{\prime\prime\prime}$		
	Title (Superintendent, Sheriff, etc.):	Menta	1 Health Cente	2	
	Defendant's mailing address (street or	243450	wth Eason BLI	ID.	
	post office box number, city, state, ZIP)	Tupelon	lississippi 3880	,4_	
	(If additional Defendants are named, provi and address information for each. Clearly Question 2).				
3.	Have you commenced other lawsuits in state or federal, dealing with or pertaining that you allege in this lawsuit or otherwisimprisonment?	to the same fac	ets	Ø	No
4.	If you checked "Yes" in Question 3, descrione lawsuit, describe the additional laws additional sheet as being a continuation of	suit(s) on sepa			
	A. Parties to the lawsuit:				
	Plaintiff(s):				
	Defendant(s):				
	B. Court:		C. Docket No.:		
	D. Judge's Name:		E. Date suit filed:		
	F. Date decided:	G. Result (a	affirmed, reversed, etc.):		-
5.	Is there a prisoner grievance procedure of tem in the place of your confinement?	or sys-	Yes	旦	No
6.	If "Yes," did you present to the grievance tem the same facts and issues you alle this complaint? (See question 9, below).		Yes		No
7.	If you checked "Yes" in Question 6, answ questions:	er the following	9		

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	A. Does the grievance system place a limit on the time within which a grievance must be presented?		Yes		No
	B. If you answered "Yes," did you file or present your grievance within the time limit allowed?		Yes		No
	C. The court must find that you exhausted the prison remedies before it can consider this Complaint. State grievance(s). Be specific. Include the date(s) on which prison officers; identify the officer(s). State your claim	e everyt ch you f	hing you di iled or pres	d to present yo	our
	D. State specifically what official response your griev administrative review of the decision on your grievan review and what the result was.	vance re ace, stat	eceived. If the eceived in the eceived. If the eceived in the eceived. If the eceived in the ece	ne prison provi you applied for	ides an that
			<u> </u>		

Special Note: Attach to this Complaint as exhibits complete copies of all requests you made for administrative relief through the grievance system, all responses to your requests or grievances, all administrative appeals you made, all responses to your appeals, and all receipts for documents that you have.

	Write below, as briefly as possible, the facts of your case. Describe how each Defendant is involved. Write the names of all other persons involved. Include dates and precise places of events. Do not give any legal argument or cite any legal authority. If you have more than one claim to present, number each claim in a separate paragraph. Attach additional pages only if necessary; label attached pages as being continuations of Question 9.
1	Each Defendant is involved in my case, because Region
	II, is a Mental Health Center, where I have been a
Ĺ	sych Patient, for many years. Now they have new Doctors
-	and new Therapists, who refuses to pull my Mental, +
٨	nedical Records, and refuses to give me, my tsych
٨	Medication. Region III Therapists comes to Topelo
	ee County Adulf Jail, to see Psych Patients, but the
	herapist that came to see me today, 12-4-08, re-
	uses to give me his name. He told me to just put
	Region III in the space, where it asks for the
	Defendants name.
	Dorthy McDaniels refuses to let me see a specialis
	about my irritated, and aggravated Scalp. She also
	Dorthy McDaniels refuses to let me see a speciallis about my irritated, and aggravated Scalp. She also refuses to let me see a speciallist about my Hood Aches and Dizziness, and she refuses to let me see a special
	and Dizziness, and she letuses to let me see a specie
	about my Back.

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10.	State briefly exactly what you want the court to do for you. Do not make legal argument cite legal authority.	ents. Do
		abal
	Since Iam Mentally Retarded, Demintic Reta	acci,
	Maumatic Brain Invery, tersonality Disord	
	Scalp Lessions, Learning Disability, Det	ormed
	Ot my Lettand Right het, Diug HEUSE, a	scl_
	a Back roblem, I would like for the	COURT
	to make the Detendants pay me	5
	Billion Dollars in Cash. Because Tupe	10
	Lee County Adult Jail, and Region III	Menta
	Health Center, has caused my damage	5 to
	be worst and I would like to be s	ent
	to a Refarded Home, port of the	itate
	of Mississippinin Florida, instead of	being.
	sent to the Mississippi Department Of /	orect-
	ions formy Accessory to Armed Rouge	ad
	Chara from Tuly 21st 2008 herouse 2 A	10/05
	Charge from July all auro, because a M	La
	Mosfer Minded Me, to Arm Kob a lady as	<u> </u>
	role.	-
This	Complaint was executed at (location): Tupe of ee County Adult	Jail
and	I declare or certify or verify or state under penalty of perjury that this Complaint is true a	
		1
Date	= 12-4-08 Courtney 0.7	tunt
	Plain fif's Signature)

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Continueation Of Question (9) back every since my severe car accident, in 1989. But Tupelo Lee County, Adult Jail, has made my back hurt worst, then what it was, because I had to sleep on the steal bench, for a days, when I first came to jail, because the jail was over Crouded, there was no room, in the back, where they had beds, and matresses. But when I did go to the back, the officers took my matress everyday, at 6:00 AM, until 10:30 P.M. rackdown time, for al days Straight, because they say that this was a punishment. But this is exuel, and unusual punishment, because I had to put my back on the stoal bunks, from 6:00 AM. Until 10:30 P.M. for aldows straight. My back is damaged from this cruel, and unusual punishment

I also want to file a lawsuit on Tupelo
Lee County Adult Jail, because I have
Scalp Lessions, and they want let me see
a specialist, like a dermin tologist about
my Scalp. My Scalp peals, and bleeds Constantly. My Scalp is unsanitary to other inmates,
because I use their hair clippers. Blood
be all on my sheets, and pillow cases, from
my Scalp Lessions. This is unsanitary also,
because my sheets, and pillow cases, and
cloths is washed, with other inmates. I have
Chronic Itchings also, and my Cloths are
washed with other inmates also. Inmates,
has sumped on me, because I get my hair for

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	cut before them, Knowing, that they got to come
	cight behind me, and get their hair cut. The
	stuff to clean the hair clippers with. So this
	with this matter?
	Sincerely Yours.
	Courtney O, Hunt
dagan sandan aran aran aran sa asar sa	5.5.#428-13-2102
VV AVA 100 100 100 100 100 100 100 100 100 10	
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